

SPECIALTY LICENSE PLATE  
REVENUE, EXPENDITURE, AND COMPLIANCE AFFIDAVIT

1. PLEASE PROVIDE THE NAME OF YOUR ORGANIZATION, THE COUNTY OR COUNTIES OF OPERATION, AND THE TYPE OF SPECIALTY LICENSE PLATE THAT GENERATES ITS REVENUE.

Choose Life, Inc  
(Name of organization)

All 67 Counties  
(County)

Choose Life  
(Specialty License Plate)

- 2. PLEASE IDENTIFY YOUR ORGANIZATION'S FISCAL YEAR/ANNUAL ACCOUNTING PERIOD DATES.**

July 1, 2016 through June 30, 2017

3. PLEASE IDENTIFY THE BEGINNING BALANCE OF LICENSE PLATE FUNDS. \$ 1,160,339.48

4. PLEASE IDENTIFY THE CHECK/WARRANT DATE AND MONEY AMOUNTS RECEIVED BY YOUR ORGANIZATION FROM THE SPECIALTY LICENSE PLATE PROGRAM DURING THE MOST RECENT ACCOUNTING PERIOD.

**Additional warrants can be shown on page 2.**

- 5. PLEASE PROVIDE A CATEGORICAL LIST OF EXPENDITURES FOR THE FISCAL YEAR.**

Revised: April 2017

UNDER PENALTY OF PERJURY I DO HEREBY SWEAR OR AFFIRM THAT NO FEES RECEIVED FROM THE SPECIALTY LICENSE PLATE PROGRAM, OR INTEREST FROM THE INVESTMENT OF THOSE FEES HAVE BEEN EXPENDED FOR COMMERCIAL OR FOR-PROFIT ACTIVITIES NOR FOR GENERAL OR ADMINISTRATIVE EXPENSES EXCEPT AS AUTHORIZED BY s. 320.08056, F.S. AND s. 320.08058, F.S. OR TO PAY THE COST OF THE AUDIT OR REPORT REQUIRED BY s. 320.08062, F.S. EXCEPT AS AUTHORIZED BY s. 320.08058, F.S. NOR FOR LOBBYING PURSUANT s. 320.08056, F.S. AND THE INFORMATION DISCLOSED IN THIS DOCUMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Randy Harris  
(Signature of organization head)

1/17/2018  
(Date)

Randy Harris  
(Printed name)

(Title)

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 17<sup>th</sup> DAY OF Jan.,  
2018, BY Randy Harris  
(Year) (Name of person making statement)

**WHO**

(Check one)

IS PERSONALLY KNOWN TO ME, OR  
 PRODUCED IDENTIFICATION

(Type of ID produced)

Debbie Vickers  
(Signature of notary public)

Debbie Vickers  
(Print, Type, or Stamp commissioned name of notary public)

Return-Address:

Department of Highway Safety and Motor Vehicles  
Specialty License Plate Unit  
2900 Apalachee Parkway  
Room A334 Mail Stop 68  
Tallahassee, Florida 32399-0500  
Phone Number (850) 617-3870



Vendor No: 30746-1 CHOOSE LIFE INC

### **Our Customer No.**

Invoice	Date	Description	Payable	Discount	Net Payable
51716	05/17/16	CHOOSE LIFE FUNDS	1,865.57	0.00	1,865.57

\*Funds that were held by Okeechobee County released to ChooseLife, Inc.

**BOARD OF COUNTY COMMISSIONERS      Check No: 156268      06/10/16      BK:11      TOTAL \$1,865.57**



## **BOARD OF COUNTY COMMISSIONERS**

312 NW 3RD ST STE 165  
OKEECHOBEE FL 34972-4113  
OPERATING ACCOUNT

SEACOAST NATIONAL BANK  
312 NW 3RD ST STE 165  
OKEECHOBEE FL 34972-4113

63-515  
670  
0000356528

Check Date	Check No.	Amount
06/10/2016	156268	\$1,865.57

**PAY \*\*\*\* ONE THOUSAND EIGHT HUNDRED SIXTY FIVE AND 57/100 DOLLARS**

**TO THE ORDER OF** CHOOSE LIFE INC  
10305 112 ST  
**LIVE OAK FL 32060**

DOLLARS

Frank & G  
Sharon Robertson

**Authorized Signature**

156268 067005158 0000256528